

Patent Attorney's Docket No. 003510-069

<i>&gt;</i>							
In re Patent Application of			MAIL STOP AF				
Takahiro ISHIZUKA et al			Group Art Unit: 1714				
Application No.: 09/740,927			Examiner: Callie E. Shosho				
Filed: December 21, 2000			Confirmation No.: 7352				
For: COLORING COMPOSITION, INK FOR INK-JET, AND INK-JET RECORDING METHOD							
AMENDMENT/REPLY TRANSMITTAL LETTER							
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Sir:							
Enclo	osed is a reply for the above-identified pa	tent a	application.				
[X]	A Petition for Extension of Time is also enclosed.						
[]	A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.						
[X]	Also enclosed is a Declaration Under 37 C.F.R. §1.132						
[]	Small entity status is hereby claimed.						
[ ]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).						
	[ ] Applicant(s) previously submitted requested.	, (	on, for which continued examination is				
[ ]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.						

- [X] No additional claim fee is required.
- [ ] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIM	S	
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	Rате	ADDT'L FEE
Total Claims	13	MINUS 20 =	0	$\times$ \$18.00 (1202) =	\$0.00
Independent Claims	4	MINUS 9 =	0	× \$84.00 (1201) =	0.00
If Amendment adds m	ultiple depend	ent claims, add \$280	0.00 (1203)		
Total Amendment Fee					0.00
If small entity status is		tract 50% of Total A	Amendment I	Pee	
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

[	]	A claim fee in th	e amount of \$	is enclosed
Г	1	Charge \$	Deposit Account No.	02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Roger **[3]**. Let No. 46,317

P.O. Box 1404 Alexandria, VA 22313-1404 (703) 836-6620

Date: September 22, 2003